



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R11/11-05)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☐ No ☒ Yes If Yes, please enter the file number in this box →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name White First Name Elizabeth Middle Name Weslie Nickname Beth 3. Type of Committee (Check one)
☒ Candidate's Principal Committee
☐ Exploratory Committee

4. Mailing Address 5. FAX (Optional) 6. E-mail Address (Optional)

7. City State IN ZIP Code 8. County 9. Telephone (Day) 10. Telephone (Evening)

11. Party Affiliation ☒ Democratic ☐ Libertarian ☐ Republican ☐ Other 12. Office Sought (Include district number, if any. Not required for an exploratory committee.)

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) ☐ Check if this is a new name Beth White for County Clerk

14. Mailing Address ☒ Check if this is a new address PO Box 30455 15. FAX (Optional) 16. E-mail Address (Optional)

17. City Indianapolis State IN ZIP Code 46230-0455 18. County Marion 19. Telephone (Day) 20. Committee Organization Date (MM-DD-YY)

21. Chairperson's Full Name ☐ Designate Candidate as Chairperson ☐ Check if this is a new chairperson

22. Mailing Address ☐ Check if this is a new address 23. FAX (Optional) 24. E-mail Address (Optional)

25. City State ZIP Code 26. County 27. Telephone (Day) 28. Telephone (Evening)

29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)

30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) 31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) ☐ No ☐ Yes

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. Person Appointed Treasurer Signature of the Committee Chairperson

33. Treasurer's Full Name ☐ Designate candidate as treasurer ☐ Check if this is a new treasurer

34. Mailing Address ☐ Check if this is a new address 35. FAX (Optional) 36. E-mail Address (Optional)

37. City State ZIP Code 38. County 39. Telephone (Day) 40. Telephone (Evening)

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7). Signature of Person Accepting Appointment

SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson Signature of Chairperson Date (MM-DD-YY)

43. Typed or Printed Name of Candidate Signature of Candidate Date (MM-DD-YY)

Elizabeth L. White Elizabeth L. White 3/31/06

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

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CLERK
COUNTY CLERK